

Alabama Board of Nursing and Alabama Board of Medical Examiners

**ONCOLOGY
CERTIFIED REGISTERED NURSE PRACTITIONER**

**Standard Protocol (Collaborative Practice)
Core Duties and Scope of Practice**

1. The certified registered nurse practitioner (CRNP) may work in any setting consistent with the collaborating physician's areas of practice and function within the CRNP's specialty scope of practice. The CRNP's scope of practice shall be defined as those functions and procedures for which the CRNP is qualified by formal education, clinical training, area of certification and experience to perform.
2. The following core duties/functions are part of the standard protocol which may be performed by the CRNP:
 - A. Arrange inpatient admissions, transfers and discharges in accordance with established guidelines/standards developed within the collaborative practice; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
 - B. Perform complete, detailed and accurate health histories, review patient records, develop comprehensive medical and nursing status reports, and order laboratory, radiological and diagnostic studies appropriate for complaint, age, race, sex and physical condition of the patient.
 - C. Perform comprehensive physical examinations and assessments.
 - D. Formulate medical and nursing diagnoses and institute therapy or referrals of patients to the appropriate health care facilities, agencies; and other resources of the community or physician.
 - E. Plan and initiate a therapeutic regimen which includes ordering legend drugs, medical devices, nutrition and supportive services in accordance with established protocols and institutional policies.
 - F. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning, allergic reactions. In emergencies, initiate mechanical ventilatory support and breathing if indicated.
 - G. Interpret and analyze patient data, results of laboratory and diagnostic tests.
 - H. Provide instructions and guidance regarding health care and health care promotion to patients/family/significant others.
3. In addition to functions/procedures within the scope of an RN, the collaborating physician and CRNP determine if a procedure on the protocol is necessary to their collaborative practice site. The physician must be qualified to provide medical direction for the procedure; the CRNP who lacks current proficiency is responsible and accountable for obtaining sufficient guidance, education or supervision for safe practice prior to performing a procedure. The CRNP should have on file the documented training, education and competency validation for the skills/procedures listed below and agreed upon with the collaborating physician, which include but are not limited to the following Standard Skill/Procedure Protocol:

Standard Skill/Procedures Protocol (*Indicates RN Practice)
Abscess - Incision, Drainage and care of
Administering local anesthetic agents
Arterial Lines, Insertion of Radial
*Baclofen Intrathecal Pump, Refill
Audiometry / Audiogram, Interpretation of

Bartholin Gland, I & D cyst; placement of Word catheter
Bimanual pelvic exam
Biopsies (Skin) Shave/Punch: Allowed to perform shave excisions/biopsies not to exceed 5mm in diameter and not below the level of the full dermis. If on anatomically sensitive areas such as, eyes and ears must be evaluated by a physician prior to treatment. On other areas of the body, limited to a depth which can be closed with a simple single layer closure
*Bone Marrow Aspiration / Biopsy (Iliac Crest)
*Cast application and removal
*Chest Tube/Pleural Cath removal
Digital Nerve Block proximal and distal phalangeal
*EKG 12 Lead interpretation with subsequent physician interpretation
* Femoral Venipuncture for blood sample
First and Second assistant in surgery
Flexible Sigmoidoscopy
Foreign Body removal
* Hemapheresis, Stem Cell collection and Leukopheresis
*Intrathecal Admin of Chemotherapy Via Omay Reservoir
Initial x-ray interpretation with subsequent physician interpretation
Laser Protocols for Non-Ablative Treatment
Lumbar Puncture
Nasal Cautery with Silver Nitrate Applicator for Epistaxis
Nasal Packing, Anterior for Control of Epistaxis
Pulmonary Spirometry, Interpretation of
Removal of Skin Tags
Removal of Benign Lesions after Physician Evaluation.
Suturing of superficial lacerations
Total Parenteral Nutrition TPN Initiation not to include writing the formula
Tympanogram with Interpretation and Treatment
*Vagal Nerve Stimulator, Interrogation With and Without Voltage Adjustment
Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis

4. Additional specialty skills may be requested for the CRNP (i.e., diagnostic or therapeutic procedures requiring additional training, monitoring and/or onsite physician availability) as provided in ABN Administrative Code Chapter 610-X-5-.10 (3). The protocols are determined by the practice site and specialty certification. They are available under the Advanced Practice Tab on the ABN website.